Written Protocols to Strengthen Relationships and Improve Coordination Between Home Health Organizations and Regional Care Collaborative Organizations (RCCOs)

Intent

The protocols are designed to be bi-directional and collaborative. They are relevant to the Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration) and may also be useful to the Accountable Care Collaborative (ACC) Program as a whole. Initial protocols utilize systems and data currently available while reflecting a commitment to continuous improvement.

Process

- Facilitate a meeting between a small number of home health organizations and RCCO representatives who volunteer to participate and represent their broader interests.
- Discuss contractual roles and responsibilities, common and differing elements of care coordination, and ways to work together to better serve their shared clients.
- Prepare a preliminary draft of protocols.
- Meet again or communicate electronically to review the draft, answer questions, and resolve outstanding issues.
- Revise the draft and share with broader constituencies for additional input and comment.
- Submit written protocols as recommendations to the Demonstration's Advisory Subcommittee and the Department of Health Care Policy and Financing (the Department).

Elements

The purpose of the protocols is to assist collaboration between home health organizations and RCCOs to better serve their shared Medicare-Medicaid enrollees and Medicaid clients. These protocols foster the home health organizations and RCCO common aims of (1) improving health outcomes for individuals, (2) improving client experience through enhanced coordination and quality of care, and (3) decreasing unnecessary and duplicative services and resulting costs.

Home health organization and RCCO core activities include (1) identification of shared clients, (2) understanding coordination responsibilities, (3) prioritization of shared clients, (4) contact and communication, and (5) mutually agreed upon support functions.

Identification of Shared Clients

The following process will occur monthly with the home health administrator or designee and the RCCO Contract Manager or designee serving as the points of contact.

The Statewide Data and Analytics Contractor (SDAC) will provide each RCCO with a list of individuals currently enrolled in the RCCO who also have claims that reflect home health services. While this functionality is being developed:

- The Department will provide a list of home health service codes to the RCCOs.
- RCCOs will generate a list of all clients with home health services from the raw claims data to determine which home health organizations are used most often in their regions. This stratified list of organizations will serve as a starting point for establishing relationships.
- Home health organizations will notify the appropriate RCCO at the time that eligibility verification for services is obtained and reflects that a client is enrolled in the RCCO.

<u>Understanding Coordination Responsibilities</u>

- Home health organizations will continue to fulfill their responsibilities for clients, which include, but may not be limited to, activities such as skilled services; coordinating services with physicians; obtaining prior authorizations; transitions of care from one facility to another or to and from home and community; and other client support as needed.
- RCCOs will continue to fulfill their contractual responsibilities for clients, which
 include, but may not be limited to, activities such as coordinating medical and
 non-medical care; attending physician or specialist visits with the client as
 requested and appropriate; making referrals to sources for housing, food, and
 dental care; providing system navigation support; establishing care plans for
 goals clients would like to achieve; connecting clients with medical homes; and
 other client support as needed.

Prioritization of Shared Clients

- Regularly, but not less than quarterly, home health organizations and RCCOs will
 prioritize shared clients based on each organization's knowledge of and
 experience with the clients.
- Home health organizations and RCCOs will schedule meetings to ensure that they organize coordination activities for the top tiers of individual clients appearing on each organization's priority list.

Contact and Communication

- As the client expresses choices in navigating service needs, home health organizations and RCCOs will incorporate the individual client's preferences whenever possible; discuss each priority client's care coordination and transition needs; determine which organization fulfills the majority of those needs; identify the appropriate primary care coordination manager; have additional conversations and engage other resources as needed.
- Home health organizations and RCCOs will use data analysis and client feedback as appropriate to identify trends or types of situations where coordinated care management works well and does not work well.
- Home health organizations and RCCOs will utilize these discussions and trends
 to streamline care coordination and transition activities in a way that maximizes
 client outcomes and permits the care management team to apply resources
 effectively and efficiently.
- Home health organizations and RCCOs will consider assigning care managers from both organizations to shared clients in a way that facilitates conversations and activities between home health organizations and RCCO care managers and with the individual clients.

Mutually Agreed Upon Support Functions

- Home health organizations and RCCOs will continue to explore additional ways to support each other and the clients they serve.
- Such collaboration activities may include but not be limited to RCCOs notifying home health organizations of inpatient admission or discharge dates and providing access to the PCMP directory to identify a list of possible medical homes for clients in search of a primary care physician and home health organizations helping RCCOs find clients and connect them with medical homes.

Timeline

Home health organizations and RCCOs support the following timeline:

- Develop and share protocols with their broader constituencies (January-March 2013).
- Present protocols in preliminary draft form to the Demonstration's Advisory Subcommittee (June 2013).
- Conduct preliminary testing and make any necessary adjustments (June 2013).
- Present protocols in final draft form to the Demonstration's Advisory Subcommittee (July 2013).

- Recommend protocols to the Department (July 2013).
- Implement protocols (August 2013).
- Assess protocols quarterly (October 2013 and thereafter).